

United States district Court
Eastern district of Michigan

5

Ray Dennis #287762 No. 2:22-cv-11118
Plaintiff

Hon. George Caram Steeh

v
Ticci Zinker Mag. Judge David R. Grand

F I L E D

AUG 30 2024

CLERK'S OFFICE
DETROIT

Requesting appeal of
Judges decision so I can
move forward to the supreme
Court please. Please excuse my
delay in responding to the court
your honor, I've had a serious
pinched nerve and I had to
wait till Lansing approved the
steroid shots, so I can at
least be able to write again.

I've been so bad that I had no feeling with my fingers.

Until right now. I'm including one of the latest medical Kites I sent.

Exhibit A

Health Care Kite regarding pinched nerve and needing to be seen as soon as possible. The law library has no info on how I appeal the decision that was made regarding this case. I'm asking the courts to help with this matter.

Thank you,
Raymond Dennis
#287762
Aug. 1, 2024

Exhibit A

HEALTH CARE REQUEST			
<i>5th Kite</i>			
PRISONER: COMPLETE SECTIONS A THROUGH D			
NAME: <i>Ray Dennis</i>		FACILITY: <i>Whv</i>	
NUMBER: <i>1287762</i>	LOCK: <i>FB-33 D</i>	DATE: <i>6-28-2024</i>	
B. This Health Care Request is for the following (check one or more): <input type="checkbox"/> Dental <input type="checkbox"/> Medication Refill <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Optometry <input type="checkbox"/> Mental Health		<input type="checkbox"/> Health Record Copies <input type="checkbox"/> Non-urgent <input checked="" type="checkbox"/> Urgent	
C. I have the following problems/symptoms: <i>I have a pinched nerve please see me ASAP.</i>			
D. NOTICE TO PRISONER You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds". Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account. Prisoner Signature: <i>Ray Dennis</i> Date: <i>6-28-24</i>			
PRISONER: DO NOT WRITE BELOW THIS LINE			
I. INSTRUCTIONS TO PRISONER			
An appointment has been scheduled for you on: Date:			
Signature:	Title:	Provider #:	Date:
II. COPAYMENT (to be filled out by health care): Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: <ul style="list-style-type: none"> ♦ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) ♦ for injuries that are work-related as documented by the prisoner's work supervisor ♦ requested for testing for HIV, STD's, infestations, or reportable communicable diseases ♦ requested for evaluation, consultation, or treatment of a mental health need ♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted) <input type="checkbox"/> I have reviewed the visit of _____ Date _____ and certify none of these exceptions apply.			
Signature:	Title:	Provider #:	Date:

Ray Lynn Dennis
287762
HURON VALLEY COMPLEX - WOMEN
3201 BEMIS ROAD
YPSILANTI, MI 48197

511350VW.S.N



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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
HON. DAVID R. GRAND
UNITED STATES MAGISTRATE JUDGE
200 EAST LIBERTY STREET, SUITE 120
ANN ARBOR, MICHIGAN 48104

OFFICIAL BUSINESS

